

Modeling: Only 127 ICU beds were available as of Jan. 12

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outcome startling and dark.

It is important to note the IHME new daily case totals are estimates of all COVID-19 cases in Oregon, including those not tested. The OHA totals include only cases of COVID-19 that have resulted in a positive test or are presumptive positive cases, meaning there is a significant disparity between the numbers each organization produces.

The IHME's modeling of what it calls the "most likely" scenario predicts Oregon's death toll could more than triple from 1,667 on Jan. 12 to 5,011 by April 1.

That scenario also projects the pandemic will hit extremes previously unheard of in Oregon during February, with average daily new infections reaching 8,763 by Feb. 7. The state's all-time high for daily new infections reported by the OHA stood at 2,176 as of Monday, Jan. 11.

The same modeling put the average number of new cases projected for Saturday, Jan. 9 at 1,814, which is rela-



Cars pass through a drive-thru COVID-19 testing event at Wildhorse Resort & Casino in Mission on Dec. 17, 2020. Ben Lonergan/East Oregonian, File

tively close to the number of cases the Oregon Health Authority reported that day at 1,643, though daily cases tapered off to 939 by Jan. 11.

The Institute also projected that demand for

intensive care unit beds in Oregon, due to COVID-19, would exceed the state's capacity on Saturday, Jan. 16, with demand rising until late February and continuing to exceed availability

until March 17.

The IHME model puts the number of ICU beds available to take COVID-19 patients at 210, which is far below the actual number of total ICU beds in Oregon

— 695, according to tracking data from the OHA. However, not all of those beds will be able to accept COVID-19 patients, and as of Jan. 12, only 127 of those beds statewide were unoccupied and staffed, according to the OHA.

A different scenario that IHME modeled, which accounts for a rapid rollout of a COVID-19 vaccine to those at high risk, predicts fewer deaths from the disease. However, spread in that scenario remains extreme.

Under the rapid rollout to high-risk populations scenario, which appears to track closely with statewide vaccination efforts thus far, the model projected Oregon would tally 8,650 average daily COVID-19 infections by Feb. 6 and a total of 4,585 deaths by April 1.

"As compared to a no vaccine scenario, rapid rollout (of a COVID-19 vaccine) targeting high-risk individuals only could save 1,300 lives," IHME stated in its modeling report.

In the IHME's worst-case scenario, state mandates were

eased, resulting in a projected death toll in Oregon of 6,876 by April 1 and 15,744 average daily new infections reached by Feb. 11.

The IHME's best-case scenario came in the form of an immediate jump to "universal mask use," in which 95% of Oregonians complied fully with proper mask-wearing procedures. In that scenario, daily infections held steady before beginning to taper off in early February. Current mask use was measured at 76%.

While the projections from the Institute of Health Metrics and Evaluation are dire, it should be noted the Oregon Health Authority maintains that modeling is extremely challenging. Additionally, changes in each of the factors that drive the spread of the disease — mask wearing, vaccination, social distancing — are all modeled separately, meaning that changes in more than one (for example, if vaccination were to speed up as people wore masks more diligently) would result in a different outcome.



Manuel Balce Ceneta/Associated Press

Members of the National Guard gather inside the Capitol Visitor Center on Wednesday, Jan. 13, 2021, in Washington as the House of Representatives continues with its fast-moving House vote to impeach President Donald Trump, a week after a mob of Trump supporters stormed the U.S. Capitol.

Bentz:

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him for incitement of insurrection."

Two Republicans from Washington state also voted to impeach.

"I believe in our Constitution, individual liberty, free markets, charity, life, justice, peace and this exceptional country," Rep. Jaime Herrera Beutler, R-Washington, said prior to the vote. "I see that my own party will be best served when those among us choose truth."

Rep. Dan Newhouse, R-Washington, said in a statement before the vote that opposing impeachment would "validate the unacceptable violence we witnessed in our nation's capital."

The House Judiciary Committee's statement for impeachment said reports showed the crowd at Trump's rally preceding the riot last week was large, angry and prepared for violence.

At that rally, Trump's "incendiary speech" reiterated false claims that "we won this election, and we won it by a landslide." Trump told the crowd that "if you don't fight like hell, you're not going to have a country anymore." He said to "walk down Pennsylvania Avenue to prevent Congress from confirming the election of an illegitimate President."

"These comments directly incited a violent attack on the Capitol that threatened the safety and lives of the Vice President, the Speaker of the House, and the President pro tempore of the Senate, the first three individuals in the line of succession to the presidency," the Judiciary Committee report read.

"The rioters attacked law enforcement officers, unleashed chaos and terror among Members and staffers and their families," the report said.

Bentz was sworn in on Jan. 4 as the new congressman replacing 20-year veteran Rep. Greg Walden, R-Hood River.

Bentz had been in the Capitol earlier on Jan. 6, before thousands of Trump supporters stormed the seat of national government, overwhelmed police and began defacing statues, occupying offices and

stealing computers and other items.

The members of Congress in the Capitol at the time were able to escape the rioters by a few minutes, as security guards rushed them into safe locations, along with Vice-President Mike Pence.

Bentz, at that time, was in his office in the Longworth Office Building, across Independence Avenue from the Capitol. He was following congressional leaders' requests to reduce the number of people in and around the chambers for fears of COVID-19 infection. He consulted with staff about upcoming possible objections to Electoral College votes. Bentz had already voted to approve the votes of Arizona, saying he saw no reasonable issues on which to object. But additional challenges were expected on other states won by Joe Biden.

Bentz became aware that the thousands of people who attended the Trump speech streamed up Pennsylvania Avenue, some yelling "hang Mike Pence" and "stop the steal," assaulting police officers, and smashing their way into the Capitol. Bentz and his staff followed security protocols to lock the office and shelter in place. They watched the events unfold like most Americans experienced it: on television.

Bentz issued a statement that evening about the attack.

"I condemn the actions of the rioters in the strongest terms possible," he said. "I call on all Americans to choose peaceful protests over violence, chaos, and anarchy."

Bentz also made clear that the verification of the Electoral College vote that evening had officially and finally ended the election.

"We can accept that Joe Biden will be the next President of the United States," Bentz said. "I am committed to a peaceful transfer of power."

Bentz said the majority of Trump supporters in his district and around the nation opposed the attack on the Capitol.

"I continue to empathize with those whose frustrations with the electoral system remain unresolved. I share their frustrations, and as the Representative of Oregon's Second District, I will do my best to address their concerns."

Vaccine: County has received about 2,700 doses

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additional doses on Jan. 12, he said.

"We started setting up staff with the intent that we were going to hold three (vaccine clinics) for three weeks, but it was on the condition that we would get the vaccine," Fiumara said. "Since we didn't, we obviously can't hold those events."

So far, Umatilla County has inoculated nearly 2,000 residents since the efforts began in late December 2020, which ranks 11th among counties in Oregon. Officials say the county has received around 2,700 doses.

Good Shepherd Medical Center in Hermiston has immunized 1,250 people out of the 1,500 doses they have received, according to a spokesperson from the hospital. However, the spokesperson said the hospital is unsure when the next shipment will arrive and how many doses they will receive.

Officials say that St. Anthony Hospital in Pendleton does not have any more doses of the vaccine.

Fiumara and Murdock say each time the county has received a shipment of vaccines, they have been pleasantly surprised that they have been able to use up the doses quickly, highlighting the two drive-thru clinics last week that brought the vaccine to nearly 600 residents. But when the event was over, the county had exhausted its supply of vaccine.

"There's going to be folks in the county who don't want the vaccine," Fiumara said. "But, right now, the folks who want it — there's a lot more than we have vaccines to give right now."

Recently, the county obtained a freezer from Oregon State University capable of holding the Pfizer-BioNTech vaccine, which requires containment at temperatures close to that of Antarctica, according to officials. Fiumara said he has corresponded with state officials about the county's desires to receive the Pfizer vaccine, which is distributed in 1,000-dose batches, but



Ben Lonergan/East Oregonian, File

A nurse reaches for a vial of the Moderna COVID-19 vaccine during a vaccination clinic at St. Anthony Hospital on Dec. 28, 2020.

added the state seems somewhat reluctant to make shipments because of doubts the county could distribute all the vaccines quickly enough.

County officials say they are also hearing "rumblings" from some state health officials that OHA will be increasing its vaccine shipments to more densely populated centers, such as along the Interstate 5 corridor, but have yet to see confirmation in writing that this will happen.

"We're really worried that means we're not going to receive large doses of vaccine," Fiumara said.

Fiumara said that a week ago, he would have considered a lack of federal supply to be one of the main reasons why the state is distributing vaccines so slowly. But now, with the shifts and changes to accommodate the 12,000-dose benchmark, "it's starting to look like maybe there's more holdup within OHA than we thought," he said.

"The feds have given way more (vaccines) than have been distributed out," Fiumara said. "And the question becomes why. What is holding it up and what needs to change to fix that. And I don't know those answers because we're not having that same issue here."

Murdock said by keeping the vaccine on the west side of the state, he believes the state is neglecting its commitment to focus on vaccinating groups disproportionately affected by COVID-19, noting that Umatilla County has a considerably diverse population.

The state's changes come in response to a national shift as the Trump administration on Jan. 12 instructed states to begin immunizing every American over 65 years old, as well as tens of millions of people with health conditions that make them especially vulnerable to the virus.

Like the efforts in Oregon, that change also comes in response to pressure due to a slow start in vaccinations, as only 9 million people had received at least one dose of a COVID-19 vaccine by Monday Jan. 11, according to the Centers for Disease Control and Prevention — considerably less than what the federal government had originally promised.

The move comes just as the country's death toll recently eclipsed another grim milestone, now with more than 4,000 Americans dying from the virus each day. More than 380,000 Americans have died from COVID-19 since the

pandemic began, according to a New York Times database.

In Oregon, daily reported deaths continue to show record highs, with a record 54 Oregonians reported dead from the virus on Jan. 12 and 41 more on Wednesday, Jan. 13. The state has averaged 17 reported deaths in the past week, according to an Oregonlive/Oregonian database. Since the pandemic began, 1,667 Oregonians have died from the virus.

In Umatilla County, 64 residents have reportedly died from COVID-19. With 6,471 confirmed cases since the pandemic began, the county has reported 828 cases per 10,000 residents. That's the second highest rate of infection among counties in Oregon, ranked only behind Malheur County, which has nearly 50,000 fewer residents and over 3,000 fewer cases.

"Schools are trying to get open, all these things are trying to happen, and a lot of folks want the vaccine as a pathway for this to open and we want to give it to them," Fiumara said. "I think a lot of folks are under the impression that we have more information than we're sharing, and honestly, we really don't. We're as frustrated as a lot of folks."

Life Flight:

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istion is one of the rural hospitals that Life Flight serves.

Brian Patrick, vice president of nursing, said as a "critical access hospital," one of Good Shepherd's functions is to be able to get patients in the Hermiston area to a larger hospital if they need more specialized care than Good Shepherd is able to provide. The hospital's contract with Life Flight helps facilitate that, he said.

Patrick said the hospital also recently signed an agreement with Umatilla County Fire District No. 1 to share the cost of an ambulance and crew stationed at Good Shepherd solely for transports. Ground transports can be more appropriate in some situations, such as in severe weather or with a patient whose condition would be negatively affected by the pressure at a high altitude.

"One limitation with Life Flight is that if it's foggy or windy, that limits their ability to get out of here," Patrick said.

With Life Flight, however, a patient having a heart attack can get to a catheterization lab within 90 minutes, he said. Patrick also pointed out that Life Flight is staffed by nurses qualified to give a more advanced level of care than a paramedic, with more advanced equipment at their disposal than a typical ambulance.

A recent news release from Life Flight Network stated Life Flight's aircraft and specialized ambulances act as a "mobile intensive care unit" able to perform care such as ICU-level ventilation. The network recently

announced new upgrades to its capabilities, including the ability for in-flight plasma transfusions.

The service transported its first suspected COVID-19 patient on March 1, 2020.

"This year has required health care workers across the region to come together to respond to this unprecedented public health crisis," Michael Griffiths, CEO of Life Flight Network, said in a statement. "Working alongside first responders, doctors, and nurses in every part of the region, we'll continue to do our part for as long as we're needed."